

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 538000

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10	1		1			
11		1		1		
12		2		1		
13		2		1		
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22	1		1			
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50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	29	←	25	←		←
TOTAL CLAIMS	36		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						